

# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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EDITORS.

## THE NEW SANITARY LAW FOR THE STATE OF KENTUCKY.

At the recent session of the Kentucky legislature some amendments were made to the original law establishing a state board of health. The experience of several years has shown that to make sanitary work effective more authority should be vested in the officers. Accordingly, the first section confers upon them the power not only to declare quarantine, to prevent the introduction or spread of infectious or contagious diseases, but to give practical force to the decree by erecting necessary hospitals, enforcing inspection of baggage and merchandise; purifying persons, merchandise, and vehicles. Should railroads, steamboats, or conveyances of any kind refuse to obey the published rules of the board, they shall be held to have committed a misdemeanor and to have made themselves liable to fine or imprisonment. In the second section a new feature is the liberty to meet at such places as they may determine. Heretofore they were required to meet twice a year at Frankfort, and the office of the secretary was located at the capital. At a recent meeting Louisville was chosen as a more convenient site for the office, and meetings will probably be held in different towns of the state, so as to stimulate sanitary work in the places where such work is most needed.

The burden of sanitary police will rest upon the local boards of health in the respective counties. It is of prime importance

that these local boards should be composed of wide awake and progressive men. The county judges have up to this time had the appointing power. In a number of counties they have ignored this injunction of the law, probably through a failure to appreciate its importance. It is hoped hereafter that by a judicious selection of their own officers the state board may secure a more general and uniform organization, if not a more thoroughgoing performance of duty. All necessary powers are conferred on these local boards for carrying out the usual provisions of state medicine.

Their compensation will depend on the county courts. It is believed that when the labor is onerous the sense of justice of the court will move it to adequately reward the executive officer. It is the avowed purpose of the state board to concentrate its money and time for this year upon framing a system by which they hope to establish, first, effective organization, and second, complete harmony and repeated interchange of views between the central officer and the county boards.

To fill the vacancy made by the resignation of Dr. Sawyer, Dr. J. J. Speed, of Shelbyville, was elected secretary.

AN epidemic of Saint Vitus's dance has lately occurred at the convent of the Ursulines in Brown County, Ohio, which was of such severity as to necessitate the closing of the school for girls which was connected with the institution. Very few of the nuns or the girls escaped, and in many the disease was so well established as to cause per-

manent injury. Dr. Drury, of Cincinnati, has devoted several papers in late numbers of the *Lancet* and *Clinic* to the history of the several epidemics of dancing mania that have from time to time occurred in history, and has endeavored to get at a full history of the late outbreak in Brown County. It is the opinion of a number of physicians who have had the cases in charge that malaria was the chief factor in their production, and this seems quite likely.

SEVENTEEN miles of sewerage have been constructed in Memphis since the close of the last epidemic. This is not exactly as wide as a church-door or as deep as a well, but we trust that it will prove some defense against the foe of Memphis and the nation. It will be odd if after the experience of last year, when we had the bitterest of winters and no sewerage, fever raged at Memphis, we have, after the mildest of winters with some sewerage, any abatement to the plague. Odd, we say, to such folks who trust in importation for the germs and the frigorific prophylactic.

DR. WM. H. GALT has accepted the chair of Practice of Medicine in the Louisville Medical College, made vacant by the transfer of Professor Ireland to Gynecology. Dr. Galt has our best wishes for his success in the new field he enters, and the school our congratulations in securing the services of a gentleman possessing so much ability and popularity.

MR. CHRISTOPHER HEATH is the new president of the Board of Examiners of the Royal College of Surgeons of England, and the examiners of the Royal College never had a better president.

THE paper of Prof. Palmer is very interesting. One feels like trying coca, with or without opium-habit. A harmless remedy for the blues is imperial.

## Original.

### THE OPIUM-HABIT—A POSSIBLE ANTIDOTE.

BY E. R. PALMER, M. D.

*Professor of Physiology, University of Louisville.*

It is not my purpose to enter into a lengthy dissertation upon this "social evil;" yet such a dissertation would be by no means inappropriate, seeing how great is the evil of the opium-habit, and how poor and insufficient the literature bearing on its treatment and cure. No people so well know the uniform evil effects of opium-eating as the medical fraternity. De Quincy and others have founded the pernicious notion among the laity that there is a something far more exhilarating, far more divine in the intoxication produced by opium than in the commoner intoxication of alcohol.

Few people, comparatively speaking, need look beyond personal experience to know that the poet has not been niggard of his coloring when singing the praises of the rosy juice. The majority of mankind has too vividly imprinted in memory the clouded intellect, headache, and nausea following bibulation to bow unqualified assent to the poet's ecstatic verses recounting the virtues of "the generous wine." On the contrary, happily, so far as we Americans are concerned, what the vast majority of us know of the opium-habit is gained from hearsay, and is, as is well known to the doctor, unreal in the extreme. It has been my lot, like that of most practitioners, to come in contact with opium-eaters, and I will positively affirm that I have yet to see one who even approximated in his nature the "happy-go-lucky" character of the drunkard. Opium-eating is a curse without any qualifying dispensation—a black cloud in a sunless life. Unlike alcohol, it can not be said of opium that its constant use improves the vital powers of the enfeebled. No debates as to its food-properties ever have or ever can be held. It is simply a powerful drug, useful in time of great physical distress, and pernicious beyond the power of pen to portray when once it fastens itself upon the mortal frame as a daily necessity.

To be able to cure the opium-habit has been the laudable ambition of many a worthy doctor and the vaunted claim of many a blatant quack. I believe that so far as the literature of medicine goes to-day we have no remedy with any claims whatsoever as a curative of this habit. Those doctors who

have succeeded in reforming any of its victims have, I believe I am safe in saying, done so by aiding the weak resolves of their patients with their own strong will and influence. If any medical man has yet discovered a cure for opium-eating, I am sure the medical world is not aware of it.

Recent experience has led me, in view of the facts just stated, to hope that I have discovered a cure. What it is and how I came to use it may be briefly told as follows: In looking over the different remedies which various drug-houses have kindly donated to the University Dispensary, I read upon the back of a bottle of fluid ext. of coca, made by Parke, Davis & Co., that this drug "produces a gently excitant effect; is asserted to support the strength for a considerable time without food; in large doses produces a general excitation of the circulatory and nervous system, imparting increased vigor to the muscles as well as to the intellect, with an indescribable feeling of satisfaction amounting altogether sometimes to a species of delirium, not followed by feelings of languor or depression," etc., etc. At this time I was treating in private practice an obstinate case of cardiac irregularity due to a somewhat dissolute life, and not amenable to either belladonna, digitalis, or tonics. I started the patient on coca. From dropping one beat in every four, his heart went, with increasing doses of the drug, to one in seven, one in twenty-one, one in thirty-eight, and finally a cure. The absolute relief and cheer that a good, big dose of coca imparted to this patient were wonderful to observe. I had hardly begun with this case before a similar but even worse case of cardiac exhaustion, with irregular action, offered at the University Chest Clinic for treatment. To be brief, he got coca and got well. In both cases hypochondriasis was a marked symptom, and was speedily cured.

In March last I was sent for in great haste by the proprietor of a neighboring saloon, and on my arrival was told that "a chap" had just gone to his room from the saloon in a fearful fix. "He looks," said the publican, "as if he had been on a terrible spree, and needs a doctor mighty bad." I was shown to the gentleman's room, and was struck at once by his peculiar appearance. He told me frankly that he was an opium-eater; that he had not taken a drink for months; but that this morning, feeling so badly from morphine, he had gone to the saloon and taken a brandy cocktail, which, however, did not stick. He protested that he was dying, and

altogether was in a sorry plight. I subsequently learned his dose was three grains of morphine several times a day. I tried various remedies for a day or two, and by moral suasion got him to reduce the dose very materially, but much to his discomfort. About the third day of my attention I bethought myself of the coca and ordered it for him. Imagine my surprise upon meeting him the next day with fine spirits and a record of only one fourth of a grain of morphine taken since my last call. This was the end of the case. He took the coca for some days, and entirely broke off from opium. His statement was that whenever he felt depressed or bad he took a good, big dose of the medicine, and in a few moments was all right.

My second case was so striking in its results and is so recent that I hardly feel justified in reporting it. It is as follows: Upon the 18th of the present month a gentleman sent for me. I found him in bed, looking like a consumptive. He at once told me that he was an opium-eater, and that he had reached a point where thirty grains of morphine daily were necessary to supply the cravings of his perverted nature. He said that he was now trying to break off, and wanted me to help him. I told him of what the coca had done, and with a few cheerful words prescribed it for him. The next day I found him still taking morphine, although in small doses, as he had not been able to find the coca. Upon the following day he had had but one dose of morphine in eighteen hours (one fourth grain) and plenty of coca. He was hopeful and cheerful. The next day I failed to see him, and on calling the day following the servant met me at the door with the statement that he was well, and had gone down street. This much I can say for the last case, that when I last saw him he looked like another man, so light and cheerful was his face and so free from the evidences of opium.

These are very brief and slender claims upon which to base a claim of discovery; and while I might supplement them by several cases of ordinary hypochondriasis relieved by the agent in question, I do not deem it worth while, as my only desire is to direct professional attention to the administration of coca in the treatment of the opium-habit.

Erythroxyton coca is a native of the eastern slope of the Andes. It is cultivated in the tropical valleys of Bolivia and Peru. The greatest of care is given to its culture by the natives. An idea of its importance

as an agricultural product may be gained from the fact that the duties upon coca in Peru amount yearly to four hundred thousand dollars. The Peruvians are preëminently a despondent, an unhappy race, and coca is their balm. To them it is a relic of departed days of glory, and under its benign influence they enjoy in dream and delirium the halcyon days of Monco Capac.

Professor Steele, of the American Pharmaceutical Association, from whose article upon Coca I glean these facts, says: "Coca is both salutary and nutritious; in fact, the best gift the Creator could have bestowed upon the unfortunate Indians. They always carry a bag of leaves suspended from their necks, upon which they draw three times a day with as much pleasure and delight as a connoisseur in tobacco smokes a fragrant Havana. It imparts brilliancy to the eye and a more animated expression to the features, agility to the step, and a general appearance of animation and content." Indeed, one can scarcely read Prof. Steele's article\* without wishing to test the virtues of this great antidote for the blues. The ordinary dose for adults of the fluid extract is a tablespoonful.

LOUISVILLE.

## Reviews.

### Photographic Illustrations of Skin Diseases.

By GEORGE HENRY FOX, A. M., M. D., Clinical Professor of Dermatology, Starling Medical College, Columbus, Ohio; Surgeon of the New York Dispensary, Department of Skin and Venereal Diseases; Fellow of the American Academy of Medicine; Member of the New York Dermatological Society and American Dermatological Association, etc. New York: E. B. Treat.

Parts 7, 8, 9, 10, 11, and 12 have been received, containing descriptions and illustrations of the following diseases: Lupus vulgaris; lupus erythematosus; epithelioma superficiale; epithelioma rodens; epithelioma kerio; lepra maculosa; molluscum; erythema multiforme; trichophytosis capitis; trichophytosis corporis; lichen planus; lichen ruber; phtheiriasis capitis; phtheiriasis corporis; scabies; porigo e pediculosis; cornua cutanea; alopecia areata; morphea; schleroderma; sarcoma pigmentosum; herpes fascialis; hydroa bullosum; erythema circinatum; erythema exfoliativum; purpura simplex.

The excellence of Dr. Fox's Skin Atlas

\*Proceedings of the American Pharmaceutical Association, 1878, pp. 774-788.

continues unabated. The illustrations are remarkably artistic and correct, and the descriptions are singularly clear and concise. The price of each of these parts is \$2. No practitioner's library should be without Dr. Fox's book.

**The Popular Science Monthly.** Conducted by E. L. and W. J. YOUNG. New York: D. Appleton & Co.

The June number of this delightful periodical is, as usual, full of valuable and interesting matter. Its contents are as follows:

The Classics that Educate Us, by Paul R. Shipman; Hysteria and Demonism (II), by Dr. Charles Richet; The Crossing of the Human Races, by A. de Quatrefages; Recent Geographical Exploration, by Chief Justice Daly; Dress in Relation to Health, by Dr. Benjamin W. Richardson; Studies in Experimental Geology, by Stanislaus Meunier (illustrated); Views of Primitive Marriage, by Lorimer Fison; Goethe's Farbenlehre (I), by Prof. John Tyndall, F. R. S.; How Animals Eat, by Herman I. Fairchild (illustrated); About Carpenters, by Maurice Mauris; The Availability of Energy, by W. D. Miller, B. A.; The Infectious and Contagious Diseases of Children, by Dr. Delpach; The Rate of Animal Development, by J. W. Slater; Artificial Diamonds; Sketch of Otto Wilhelm Struve, by Prof. Simon Newcomb (with portrait); Editor's Table; Literary Notices; Popular Miscellany; Notes.

Every physician should read the Popular Science Monthly.

## Books and Pamphlets.

**CASE OF COMPOUND DISLOCATION OF THE WRIST.** Reported to the St. Louis Medical Society by Edward Borck, M. D. St. Louis, 1880.

**OVARIAN TUMORS: AT WHAT STAGE OF THE DISEASE IS THE PROPER TIME TO OPERATE?** By Edward Borck, M. D. Reprint from the Cincinnati Obstetric Gazette, 1880.

**A TREATISE UPON PRINTERS' INKING ROLLERS: Their Manufacture and Use.** By Van Bibber & Co., 50 Longworth Street, Cincinnati, Ohio.

**THE ABUSES OF MEDICAL CHARITIES.** By M. P. Hatfield, A. M., M. D., Professor of Chemistry, Chicago Medical College, and Roswell Park, A. M., M. D., Demonstrator of Anatomy, Chicago Medical College. Read before the Chicago Medical Society, February 2, 1880. To which is appended the Report of a Committee appointed by the Society. Reprint from the Chicago Medical Gazette, March 5, 1880.

**SANITARY ORGANIZATION OF NATIONS.** By H. I. Bowditch, M. D. Reprint from the Boston Medical and Surgical Journal.

Like every thing from the pen of this great man, this essay is interesting and instructive.



### Miscellany.

EFFECTS OF COOKING.—Dr. Wm. Roberts in Medical Press and Circular:

The process of cooking fulfills far more important ends than that of improving the savor of food—far more important even than the mechanical disintegration which generally attends the process. It produces certain chemical changes in several of the most important alimentary principles, which render them incomparably more susceptible to the action of the digestive ferments than in the uncooked state. The discovery of the use of fire-heat in the preparation of his food must indeed have constituted one of the earliest and most important steps in the process by which man has emerged from the ranks of the dumb creation. The stores of proteid and farinaceous nutriment contained in the seeds of cereals and leguminous plants and in the bulbs, tubers, roots, and succulent stems of certain vegetables are, in the raw state, nearly altogether beyond his powers of digestion. By the discovery of the art of cooking these immeasurable stores were at one stroke laid open to him.

The practice of cooking is not equally necessary in regard to all articles of food. There are important differences in this respect, and it is interesting to note how correctly the experience of mankind has guided them in this matter. The articles of food which we still use in the uncooked state are comparatively few, and it is not difficult in each case to indicate the reason of the exemption. Fruits, which we consume largely in the raw state, owe their dietetic value chiefly to the sugar which they contain, but sugar is not altered by cooking. Salads may be regarded more as a relish for other food and as having a *quasi* medicinal purpose rather than as a substantial source of nutriment. Milk is consumed by us both cooked and uncooked, indifferently, and experiment justifies this indifference, for I found on trial that the digestion of milk by pancreatic extract was not appreciably hastened by boiling the milk.

Our practice in regard to the oyster is quite exceptional, and furnishes a striking example of the general correctness of the popular judgment upon dietetic questions. The oyster is almost the only animal substance which we eat habitually and by preference in the raw or uncooked state, and it is interesting to know that there is a sound physiological reason at the bottom of this

preference. The fawn-colored mass which constitutes the dainty of the oyster is its liver, and this is little else than a heap of glycogen. Associated with the glycogen, but withheld from actual contact with it during life, is its appropriate digestive ferment—the hepatic diastase. The mere crushing of the dainty between the teeth brings these two bodies together, and the glycogen is at once digested, without other help, by its own diastase. The oyster in the uncooked state, or merely warmed, is in fact self-digestive. But the advantage of this provision is wholly lost by cooking, for the heat employed immediately destroys the associated ferment, and a cooked oyster has to be digested, like any other food, by the eater's own digestive powers.

With regard, however, to the staple articles of our food, the practice of cooking it beforehand is universal. In the case of farinaceous articles cooking is actually indispensable. In regard to flesh meat the advantage of cooking consists chiefly in its effects on the connective tissue and the tendinous and aponeurotic structures associated with muscular fiber. These are not merely softened and disintegrated by cooking, but are chemically converted into the soluble and easily-digested form of gelatine. I made some instructive observations upon the effects of cooking on the contents of the egg. The change induced by cooking on egg albumen is very striking. For the purpose of testing this point I employed the solution of egg albumen before spoken of, made by mixing white of egg with nine times its volume of water. This solution, when boiled in the water bath, does not coagulate nor sensibly change its appearance, but its behavior with the digestive ferments is completely altered. In the raw state this solution is attacked very slowly by pepsin and acid, and pancreatic extract has almost no effect on it; but after being cooked in the water bath the albumen is rapidly and entirely digested by artificial gastric juice, and a moiety of it is rapidly digested by pancreatic extract.

My object in making these remarks is to show that the changes impressed on food by cooking form an integral part of the work of digestion—a part which we of the human race get done for us by the agency of fire-heat—but a part which the lower animals are compelled to perform by the labor of their own digestive organs. It must also be borne in mind that the digestive process carried on in the alimentary canal is, strictly speaking, executed on a doubling of the ex-

terior surface, and not in the true interior of the body. If we take all these considerations into account it will appear, I think, not unnatural that we should try to help our invalids by administering their food in an already digested or partially-digested condition. We should thereby only be adding one more to the numberless artificial contrivances with which our civilized life is surrounded.

**THE HOT SPRINGS OF ARKANSAS.**—From Keyes's Venereal Diseases we make the following extract. Our experience is identical with that of Dr. Keyes:

These springs have of late become very popular, especially among the people, and some estimate of their value must be given. I have not had an opportunity to visit the springs personally, but I have had charge of numbers of patients in all stages of syphilis who have been to the springs either before or during the term of my treatment, and have remained there for periods varying from a few days up to several months. I feel, therefore, reasonably familiar with the methods employed, as a rule, at the springs, and capable of judging the results, on account of having watched many patients since their return.

I have been unable to ascertain that there is any quality in the water to which the result claimed to be attained may be ascribed, excepting the heat. The water is certainly quite poor in mineral ingredients, while its alleged magnetic qualities are imponderable.

When a patient goes to the hot springs in any stage of syphilis he is apt to be mercurialized to excess by the inunction of mercurial ointment. There are excellent medical men at the springs, who use mercury judiciously; but unfortunately the fame of the place attracts some physicians who make use of the supposed virtues of the waters to shield their own incompetence, and the credulous patient suffers. In directing patients to the springs in the cachectic stage of the disease—for example, where change is of great value to the patient he should be regularly consigned to a reputable physician, or his trip is apt to do him but little if any good—possibly to result in harm.

I believe, however, that all the physicians at the springs, even the very best, use mercury by inunction or otherwise in connection with the baths, thus plainly avowing a disbelief in those specific and curative powers of the waters over syphilis which are

generally ascribed to them by popular superstition. Iodide of potassium internally is also used in large amounts by the physicians at the springs.

I have found that patients who go to the hot springs with chancre, or during the earlier periods of syphilis, do not prosper any more rapidly than if they had remained at home; and the longed-for exemption from relapse after a six weeks' course at the springs, with any amount of inunctions, is far from being justified by the result. Relapse follows just as certainly as after the same amount of mercury used at home in the same way, and no more, and no less certainly, according to my experience.

Late along in the disease, however—especially if the patient be broken and cachectic; if his appetite and his vitality require the influence of change; when he fails, perhaps, to respond at all to the iodides, and mercurials even in small doses depress him—then is the time to send the patient to the hot springs. The change alone is likely to benefit him, and the waters certainly do appear to possess a tonic power over these cases, which brings them up sometimes far more promptly than seems possible at home, and helps to cure them not only of their active symptoms, but sometimes to restore them to good general health.

Patients sent to the hot springs in the later stages of cachectic syphilis generally return improved and gratified with their experience. Those who go early are usually disappointed, and their disease not sensibly modified in any way.

If the springs are to retain any permanent value, it is well the public should be dispossessed of the absurd idea with which it is now so thoroughly imbued—that the waters themselves possess specific qualities, and have the power to drive out syphilis completely and prevent relapse. The springs certainly have their value, but it is not this.

**SANITARY SCIENCE.**—Says the *Lancet*: Mrs. Partington trundling her mop in face of the Atlantic, shriekingly exultant as the tide recedes and incoherently despondent when it flows, is a type of sanitary legislators and legislation in the present day.

AMONG the new remedies recently introduced is an emetic preparation, of which report says a dose was given to a boy who had swallowed a silver dollar, with the effect of bringing up the money in small change, mostly half dimes.—*Pacific Med. Journal*.

**TRICHINOSIS FROM EATING SAUSAGES.**—In his last annual report on the health of the Dunmow Rural Sanitary District during the year 1879, Dr. Armistead gives the following interesting particulars with regard to an outbreak of trichinosis at Thaxted, in Essex, in June of last year. He states that on June 18th he examined fifty-two persons who had eaten some sausages purchased at eight pence per pound from a man who had a stall in the street at Thaxted, on June 14th. Of these persons, forty-four showed symptoms of irritant poisoning, three others were slightly ill, and only five escaped without any ill effects. The cases were suspected, from the symptoms, to be due to the presence of trichinæ, and a microscopic examination of the sausages proved this to be correct. The symptoms varied a little, but there were generally diarrhea, which in some cases was very severe; vomiting; thickly-coated tongue; pain in the stomach and back and in the muscles, sometimes extending to the ends of the fingers; pain in the head, and in some cases double vision and swelling of the eyes. Here followed more or less fever, with perspiration, thirst, and loss of appetite. In four of the cases vomiting and diarrhea, with pain, began within twelve hours after eating the sausages. In one case sixteen hours elapsed. In twenty cases the symptoms were very violent at about the twenty-fourth hour. In four cases there were no symptoms for thirty-six hours, and in nine cases for sixty hours. In one case three days elapsed; in five cases six days; and in three cases the symptoms were so slight that no notice was taken of the commencement. The variation may be accounted for in several ways. Age seems to have had some effect, for children were much less severely attacked than adults, which is contrary to what might have been expected. Some of the pork used in making the sausages was salted, and probably foreign; and it was only in certain portions that trichinæ were found. The number of trichinæ consumed would therefore vary, and this might to some extent account for the variation in the severity of the symptoms.—*British Med. Jour.*

DR. SAMUEL CHOPPIN, of New Orleans, died on the 2d instant, of pneumonia, after three days' illness. He was born in West Baton Rouge, La., October 20, 1828, and graduated from the Medical Department of the University of Louisiana in April, 1850. He spent the ensuing four years in England, France, and Italy, continuing his medical

studies. Returning to America, he established himself as a surgeon in New Orleans in 1854. He was elected president of the Louisiana State Board of Health the following year, and from that time to 1867 was professor of surgery in the New Orleans School of Medicine. Up to 1858 he was also house surgeon to the Charity Hospital. During the late war he rose to the highest medical position in the Confederate army, that of Medical Inspector General, beginning in 1861 as a commissioned surgeon, being promoted to be a medical director for the next year, and to the higher office in 1863. He filled this office until the close of the war. After the war, and when the government of the state was restored to the people, Dr. Choppin became president of the Board of Health of the state. He was also a member of the Public Health Association, having been elected in 1874. Since then he has been professor of clinical surgery in the Charity Hospital Medical College. Dr. Choppin was a well-known medical writer for professional publications, especially for the New Orleans Medical News and Hospital Gazette. Of this periodical he was the editor from 1854 to 1857. In 1853-54 Dr. Choppin published a work entitled Notes on Syphilis, being a translation of lectures by Ricord. Among other noteworthy literary productions written by Dr. Choppin are papers upon Ligation of Brachial Artery and Removal of Uterus and Ovary. During the yellow-fever epidemics of 1878-79 Dr. Choppin took a very prominent part in the work of caring for the victims of the scourge, rendering most excellent service and earning the gratitude of all citizens. Dr. Choppin was twice married. His first wife, to whom he was married in October, 1857, was a daughter of Daniel Roberts, of Guernsey, England. He married his second wife, a daughter of Dr. James Metcalf, of Mississippi, in 1862.—*Medical Reporter.*

DR. MAUDSLEY speaking of habitual criminals says: The criminal class constitutes a variety of the human species distinguishable only by peculiar characteristics, and distinguishable, too, from other men as much as a black-headed sheep from all other races of sheep.—*Pacific Med. Journal.*

DR. CURNI, in the Michigan Med. News, says he has never known a failure to cure sweating by sponging the body with a solution of sulphate of quinia, one dram to the pint of alcohol.—*Pacific Med. Journal.*

**PRIORITY GIVEN TO DOCTORS' BILLS.**—An American contemporary says that Capt. Jno. H. Chamberlayne has introduced a bill into the Virginia legislature, of which the following is a portion: "Where the assets of the decedent in the hands of his personal representatives, after the payment of funeral expenses, *claims for physicians' fees for services rendered during the last illness of the decedent*, and druggists' accounts for articles furnished during the same period, and charges of administration, are not sufficient for the satisfaction of all demands against him, they shall be applied, first, to debts to the United States; second, taxes, levies, etc.; . . . third, debts due as personal representative; fourth, all other demands ratably, except those in the next class; fifth, voluntary obligations. —*British Med. Journal.*

**NOVEL PRESCRIPTION.**—*La Praticien* says: "A physician of Chalons was sent for into a village in the neighborhood, and having examined his patient found he had forgotten his pocket-book. He then asked for a pencil and paper in order to write his prescription, but no such objects were among the possessions of the household. Some one went out to seek for the required necessities, but primary education seemed to have omitted that commune altogether. The doctor got tired of waiting, and at last wrote his prescription on the door of the house with a bit of charcoal. The family, after vainly endeavoring to make something like a copy of the doctor's hieroglyphics, at last wisely resolved to detach the door itself and carry it to the pharmacien in order to have the medicine prepared.—*Med. Press and Circular.*

**BRAINS OF CRIMINALS.**—M. Hanot presented to a society in Paris four brains derived from the post-mortem examinations of as many criminals. Professor Benedikt, of Vienna, recently called attention to the structure of the brain in certain criminals. He has observed the presence of four frontal convolutions in twelve assassins condemned to death. M. Hanot has found the same anomaly four times in eleven autopsies. The subjects are not criminals of the worst type, but thieves of long standing and regular "jail-birds." In the brains presented the second frontal convolution seemed to be doubled, the supernumerary one being situated at this point. This is especially the more curious, as not a single case of the kind has been observed in patients dying at the hospitals not criminal.—*Ibid.*

## Selections.

**The Races of Africa.**—Abstract of a lecture on the Comparative Anatomy of Man, delivered at the Royal College of Surgeons of England, by W. H. Flower, LL. D., F. R. S. (*British Med. Jour.*):

Various statements have been made by travelers regarding the size and shape of the hands and feet of the negro, but none of them are sufficiently accurate to be of much use to the anthropologist. The relative length of the toes is a characteristic which might mark a difference between Europeans and negroes. The great toe is usually the longest toe in the foot of an European, and the others recede progressively, whereas in the negro the second toe is, as far as the material at our disposal shows, generally slightly the longest. This is an approach to the form of foot in the higher apes, as in them the second toe is decidedly longer than the great toe. The foot, therefore, in which the great toe is longer than the other is of a higher type. It would be well, however, if we could get some further information on this point, as we are not in a position to state with accuracy the relative lengths of the toes in the negro races.

The difference between the pelvis of the African negro and that of the European has been pointed out by Vrolik and others. It consists mainly in the increase of the antero-posterior diameter, as compared with the transverse, expressed by the pelvic index or ratio between these diameters, the latter being taken as 100. In the European male the average index is 80; in negroes, according to various observers, from 90 to 100. As in the proportions of the limbs, many of the Mongoloid races conform, in the character of the pelvis, rather with the negro than with the European.

In the cranial characters the distinctions between the negro and white races are strongly marked. The skull of the negro is thicker and heavier generally than that of the European, and the average capacity of the cerebral cavity is undoubtedly smaller in the former, even in individuals of approximately the same height. It is, however, considerably higher than in the Australians. The difference between the average capacity of English and negro crania in the college museum is 123 cubic centimeters; between the latter and the Australians 90 cubic centimeters. Of fifteen male English skulls (mostly of the lowest and least intellectual grade of society) in the college museum the cranial capacity is 1,511 cubic centimeters; of thirty-two male Australians it is 1,298 cubic centimeters; and of twenty-six negroes it is 1,388 cubic centimeters. Broca's totally independent measurements of skulls at Paris give a difference in the former case (Parisians being substituted for English) of 128 cubic centimeters and in the latter of 83 cubic centimeters, so that the results are substantially identical. The general form of the cranium is expressed by the cephalic or latitudinal index, or relation of the breadth to the length, the latter taken as 100. The average index of forty-two negroes of various tribes in the college museum is 73.6. Of these, more than half are between 70 and 75, or dolichocephalic; less than half are above 75, or mesocephalic; but very few are either below 70 or above 80. The average index of eighty-five negroes from the west coast of Africa, measured by Broca, is 73.4, and of fifty-three from East Africa, measured by Lederle, 73.9. These remarkable agreements with our own measurements



show that between 73 and 74 may be fairly taken as a general average of the cephalic index of the African negro, and that he belongs, therefore, to the moderately dolichocephalic races. The height, measured from the basion to the bregma, is almost identical with the breadth of the average of the forty-two college specimens giving 73.5. The negro skull in these proportions differs greatly from that of the Fiji islanders described in the first lecture. The skull is rounded on the top, and not sloping off laterally like the roof of a house, as in the Australians. The sutures are simple, but more complex than in the Australians, and the temporal fossae are deep. The differences in the position of the foramen magnum, in the angle formed by its plane with the horizontal of the skull, and in the various facial angles which have been pointed out as characterizing the negro skull as compared with that of the European, can only be explained by means of diagrams. The facial characters are generally eminently characteristic. The forehead, though narrow, is not retreating. The glabella and supraorbital ridges are sometimes well developed, but more usually this region is smooth and flat. The orbits have a moderate index, 85.5 (Broca) or 86.3, according to measurements of the college collection. The nose is distinctively platyrrhine, the average index being 55 or 56. The nasal bones are small and flat, their external surfaces directed forward, the two meeting in front at a very open angle instead of a narrow one, as in Europeans. The lower margin of the nasal aperture is usually rounded off instead of sharp and strongly defined. Equally characteristic is the prognathism, which is very rarely absent. The measurement from the basion to the middle of the alveolar border is greater than that from the basion to the naso-frontal suture (the cranio-facial axis), whereas in Europeans the reverse is the case.

The teeth are regular, well developed, and generally free from caries. The third molars or wisdom-teeth appear to be always in their places before the closure of the basilar suture, whereas among civilized races they are often much later in coming into place. The size of the teeth varies in different races, but hitherto no accurate measurements have been made to express this difference. The length of the molar series in a straight line between the anterior edge of the first premolar and the posterior edge of the third molar may be conveniently used to indicate the size of the teeth, and called  $d$ . This may be compared with the length of the cranio-facial axis or basi-nasal length  $B N$ , and a dental index formed from  $\frac{d \times 100}{B N}$ .

This will give, at all events, a fair approximation to the relative size of the teeth compared with the skull, as the length,  $B N$ , is one of the least liable to variation of any in the cranium. Unfortunately for this investigation, in a large proportion of the crania in museums the teeth are wholly or partially lost, and a larger number of specimens must be measured than are at present available. The following indices (which must be regarded as provisional) are, however, of considerable interest. In the first place, it must be observed that the teeth of women, though smaller absolutely than those of men, are relatively larger to the cranio-facial axis. For instance, in Europeans the dental index of males is 40.5; of females 42.0. In Australians the disproportion is greater still, being 45.7 for the males and 48.4 for the females examined. In the following table males only will be included: Europeans 40.5, ancient Egyptians 40.8, Hindoos 41.2, American Indians 42.5, Chinese 43.8,

African negroes 43.9, Andamanese 44.2, Fijians 45.4, Australians 45.7. It will thus be seen that in the size of the molar teeth the negroes hold an intermediate position between Europeans and Australians, but approaching nearer the latter. The actual average length of the molar series in European males is 40.8 millimeters; in Africans 45.4 millimeters; in Australians 46.7. The anthropoid apes give a higher index than that of any of the races of man.

**Tuberculosis as a Contagious Disease.**—Few names are known to contemporary medical science which arrest the attention of students of pathology more powerfully than that of Prof. Cohnheim, of Leipzig. In the early part of his career he distinguished himself by a series of remarkable discoveries, and he is now becoming widely known and appreciated as a lucid and suggestive teacher. In none of his published writings with which we are acquainted is this power of exposition more happily developed than in a small *brochure* from his pen on tuberculosis, viewed as a contagious malady, which has been recently published. A short account of the method by which the author attempts to harmonize the varied observations which have been recently made on this disease, by showing how they are all explained by the assumption of the truth of one central fact, for the appreciation of which medicine and humanity are indebted to the science of experimental pathology, will prove useful, if it do no more than show how much is being done and yet remains to be done in a fruitful and important field of research. In the theory which was originated by Virchow, long adopted in Germany, and now largely taught in this country, it is held that a fundamental difference exists between miliary tubercle—tubercle properly so-called—and the inflammatory products found in scrofulous disease of the lymphatic glands and in the form of phthisis, called by the Germans caseous pneumonia.—*Ibid.*

**A Case of Intra-Ovarian Pregnancy.**—This case is reported by Dr. Talbot Jones, of St. Paul, Minn. Patient, aged thirty-eight, had borne her last child seven years previously. All the usual symptoms of pregnancy existed excepting an empty uterus. At the fourth month severe pains in the inguinal and lumbar regions set in, followed in a week or two by fatal hemorrhage. The autopsy revealed about two pints of blood in the abdominal cavity; the left ovary was about the size of an orange. A rent in its walls revealed the source of the hemorrhage. Bulging out from this rent was seen a four-months fetus. The specimen has been preserved in alcohol.—*Amer. Jour. of the Med. Sciences.*

**Ergotin: its Inconveniences and Dangers.**—At a recent meeting of the Paris Academy of Medicine (*La France Médicale*) Dr. Boissarie read a memoir on the above subject. His conclusions are that ergotin, which is of important service in hemorrhage when we require immediate energetic action, can not be used with impunity in affections of long continuance, even in small doses, so as to saturate the system. It has the property of accumulating and storing itself up in the economy, and of manifesting itself after a longer or shorter time by a sudden outburst of serious consequences. To follow the precept of Trousseau, of giving the poison for a long time in small doses, is to expose the patient to gangrene.—*Med. Press and Circular.*

**Malarial Insanity.**—The last number of *Neurological Contributions* contains the history of a very remarkable case of malarial insanity, with pain at the vertex of the head, hallucination of hearing, distressing buzzing in the ears, and well-defined paroxysms of suicidal mania, accompanied by more or less constant suicidal predisposition. The patient, a lady in moderate circumstances, had, up to 1877, been subject to regular attacks of intermittent fever, which yielded to remedial measures, leaving her pale, anemic, debilitated, and nervous. In the latter part of that year she became subject to sudden attacks of mania, which, while not replacing the paroxysms of the fever with regularity, were periodical, or rather rhythmical in their occurrence. The mental depression was extreme and terrible, her dreams excited and full of perturbed visions, and her hearing at times haunted by strange voices calling upon her to kill herself, or torturing her with epithets too insulting and obscene to be written. She was sent to an insane asylum and remained there for nearly two years without material benefit. The history of the case was never inquired into by the asylum physicians, and she was reclaimed by her friends as a harmless incurable after a long period of medical trifling. At this stage she fell under the observation of a distinguished practitioner, who happily remembered something of M. Daillarger's able monograph on *Insanity as the Sequel of Intermittent Fever*, published in 1843, and made a special study of the cases cited by that author, and by Griesinger in the *Transactions of the Sydenham Society*. Both show that insanity may replace the paroxysms of the fever, and microscopic studies have demonstrated that a deposition of pigmentary deposits in the blood-vessels of the brain and retina accompanies the development of the insane phase of malarial disease. Examination with the ophthalmoscope disclosed the existence of retinal pigmentary deposits, and the case was accordingly treated as one of residual insanity, contingent upon the action of malarial poison, and a cure effected. The important aspect of the case is, however, the occurrence of suicidal predisposition contingent upon malarial fever, even after the paroxysms had vanished, and the report of it should lead medical men to inquire carefully into the relation between malaria and suicide.—*New York Clinical News*.

**How to use Iodoform in Chancroid.**—From Keyes's *Veneral Diseases*:

Unquestionably the most efficient local application for these chancroids is iodoform, and its application pure, in powder or mixed into a paste with glycerin and scented with essential oils, is rarely painful. But respectable people will not use iodoform. Its peculiarly penetrating and tenacious odor is unmistakable. Those who have once smelled it upon any one else fear disclosure from the very fact of using it, and most of those who are unfamiliar with it at first soon get to abhor it. In spite of all this it remains the most efficient local application for chancroids too old to burn, and by a careful person can be often so used as to escape all the disadvantage attaching to it.

Nothing will disguise the odor of iodoform. Oil of peppermint is perhaps the best of the aromatic oils for the purpose. Many other sweet-smelling oils have been used. These are combined with powdered iodoform in ointment with various greasy excipients, or the powder is rubbed into a paste with glycerin and then scented. The misfortune is that the odoriferous principle is more volatile than the iodoform,

and, aided by the heat of the body, soon leaves the odor of the iodoform supreme. Applications of iodoform dissolved in ether or chloroform have been recommended. Their application is painful, the solvent evaporates, and the odor exhales as strongly from the fine dust left precipitated over the surface of the ulcer as if it had been at first deposited there in its natural state.

Still iodoform is too good a substance to be given up. Those who do not object to the odor can use it freely as a powder or rubbed into a paste with glycerin. Others may use it undetected if their chancroids are sub-preputial and the prepuce reasonably long. The sores must be washed and dried. A little fine iodoform dust is then taken upon a narrow piece of card and scattered over the ulcerated surfaces. The prepuce must now be carefully pulled forward and a piece of absorbent cotton placed in its orifice. No portion of the iodoform must be allowed contact with the clothes or the fingers of the patient. He must be careful, upon urinating, to pull out the cotton gently, retract the prepuce only enough to disclose the meatus, and put in a fresh piece of cotton immediately. He must change his dressing frequently at home, and use great care in his washings, not to let the water which has run over the sores touch any part of his person or of his clothing. By using such precautions the most fastidious patient may employ this valuable remedy without betraying himself.

**Excision of Chancres.**—Up to this time all that can be said in the present state of the question is that cutting out the initial lesion of syphilis can do no harm, and may do some good. It should be placed before the patient in this light; and if he elects excision, and the chancre is in a suitable position for thorough removal, it may be excised, precautions being taken first thoroughly to disinfect the surface with carbolic acid, to use clean curved scissors and hooked forceps, and to remove all the induration and a certain portion of the healthy tissue at a single cut. The after-dressing is unimportant. The general excision of syphilitic chancres is yet to be justified or condemned by the result of experiments.—*Ibid*.

**The Hygienic and Therapeutic Relations of House-plants.**—Dr. J. M. Anders, of this city, has been making some original investigations in this direction, which threaten to completely upset all our preconceived and acquired ideas on this subject. He refers to the experiments which have demonstrated that it requires twenty thrifty plants to give off as much carbonic acid as one baby sleeper. He has visited a large number of florists in this city and collected a considerable array of facts which would seem to prove beyond controversy that the moist atmosphere generated by the transpiration of plants forms a most desirable climate for the consumptive, and that plants are not only desirable in the case of the sick, but should be regarded as of paramount importance in every bed-room and every sitting-room, particularly where heated by furnaces. He has reached by experiment the following formula: Given a room twenty feet long, twelve feet wide, and ceiling twelve feet high, warmed by dry air, a dozen thrifty plants with soft, thin leaves, and a leaf surface of six square feet each, would, if well watered and so situated as to receive the direct rays of the sun for at least several hours, raise the proportion of aqueous vapor to about the health standard.—*New York Clinical News*.

**Hysterics.**—Dr. William Goodell says (Boston Med. and Surg. Journal):

When you are called to treat a young girl with a hysterical attack there are three things which you had better do: 1. Institute at once firm pressure in the neighborhood of both ovaries. This is very apt to quiet the patient at once. 2. Administer an emetic. I have found that a woman who is well under the action of an emetic has not the opportunity to do any thing else than be thoroughly nauseated. Give a full dose of ipecac with one grain of tartar emetic. 3. And this method of controlling the spasm will often act charmingly. Take a good-sized lump of ice and press it right down on the nape of the neck. This produces quiet by its powerful impression upon the nervous system.

When the attack is entirely under control the best method of preventing the occurrence of another attack is to administer a full dose of asafetida; none of your small two- or three-grain doses, but ten grains all at once.

I am in the habit of regarding a hysterical woman in the same light as a skittish, unmanageable horse, and just as I catch the one by means of a handful of oats, so I do not hesitate to entrap the woman by much the same means. I remember one instance in which I assured the husband of a hysterical woman that the drug I was giving—asafetida—had a very powerful odor, and had come from a very great distance. I have no doubt that he thought that I had sent all the way to the orient after it, and gave his wife to understand accordingly. Certainly my words acted like a charm in that case.

There is every thing in a doctor's manner in the sick-room, and he who looks and speaks hopefully, saying, "Take this and you will get well, and do that and you will feel better the next moment," is much more likely to cure his patient than the man who magisterially goes through the motion without a ray of light or hope in his face, ordering "This pill to be taken in half an hour," and "So many teaspoonfuls of that prescription to be given at such and such times."

**Chian Turpentine in Cancer.**—The prospect of a remedy for a disease hitherto deemed incurable, in the majority of cases, has very naturally created widespread interest among the public and the profession. The new treatment is upon its trial, with the best wishes of every humane person. Care must be taken not to excite false hopes, and so to conduct the investigation that the conclusions arrived at shall commend themselves for scientific exactness and freedom from prejudice. In the first place, it is manifestly important that the nature of the cases treated be placed beyond doubt. Many cancers are unmistakable through their whole course, whereas the character of others is open to question. Every therapeutic inquiry presupposes accuracy of diagnosis. In the next place, unless those who administer Chian turpentine employ the same agent it will be useless to test their imperative results. Herein lies a very great difficulty. Some of our leading authorities on materia medica are very skeptical as to the source and characteristics of Chian turpentine; and Prof. John Clay, of Birmingham, who has introduced the agent as a new treatment for cancer (Lancet, March 27, 1880, page 477), thus expressed himself in our last issue: "As the purity of the drug is an essential condition of successful treatment, I can not hold myself responsible for the validity of many of the trials that

are now being made, nor can I admit that they constitute a fair test of the new method of curing cancer." This protest is a warning that unless great care is exercised the experiments on foot will lead to endless discussions instead of precise conclusions. What are Mr. Clay's tests for the purity of Chian turpentine? It is very important to know the characters and sources of the drug that he has employed throughout his investigations, and our columns are freely at his disposal for any information he may furnish upon the point, which should be settled at the very threshold of the research.—*Lancet*.

**The Sequel of a Case of Diabetes Insipidus Treated with Ergot.**—In the British Medical Journal of December 25, 1875, is recorded the case of a man who suffered from diabetes insipidus, and was successfully treated with ergot after the failure of jaborandi and other remedies. Half a dram of the liquid extract of ergot every three hours reduced the urine in twenty-four days from twenty pints to a pint and a half, increased its specific gravity from 1.002 to 1.017, and removed the excessive thirst and other distressing symptoms from which he had suffered for two years. A few days ago I met the patient by accident, and he tells me he has never had a day's illness since he left the hospital, four and a half years ago. His urine is normal in quantity, he does not suffer from thirst, and he is strong and well in every way, and able to do a good day's work. The ergot cured him completely, and it is to be regretted that this mode of treatment is not more commonly employed in these cases.—*William Murrell, M.D., in British Med. Jour.*

**Abscess of the Liver.**—Sir Jos. Fayrer, M. D., F. R. S., etc. thus concludes an article in the Lancet on Hepatic Abscess:

My friend and colleague, Prof. W. S. Palmer, of Calcutta, makes the following remarks on the subject of puncture. His large experience renders them interesting:

"You have asked me to give a brief account of the results of treatment by puncture in cases of doubtful liver abscess which came under my treatment during the period of six years, in which I had medical charge of an average of about seventy patients in the European General Hospital, Calcutta.

"Passing over cases of undoubted liver abscess, there was still a residuum of patients presenting doubtful symptoms, in whom neither unsymmetrical enlargement nor superficial tumescence, etc. could be detected. Such patients presented symptoms varying in every degree. At the one extreme cases of general cachexia, with irregular slight febrile attacks, would exhibit symptoms as frequently attributable to deranged stomach or bowels or lungs only as to the liver itself; while at the other slight general enlargement of the organ would be found associated with that peculiar form of "tenderness" in which pressure over the organ produced an indescribable sensation, inducing either faintness, hurried respiration, palpitation, or nausea with retching, or all of these at once.

"In all this large class of cases it was my custom to plunge a long trocar and canula, of small diameter, into any or all parts of the liver, through a valvular opening, examining on the spot the small quantity of extracted matter for pus globules.

"It was only in very exceptional cases that any signs of pus could be detected. When it was so detected the puncture was generally followed by slight

inflammatory action at the seat of puncture, which probably ended in adhesion of the organ to the parietes, and so facilitated the future opening of the abscess. When, on the other hand, no pus was found, a good deal of anxiety was felt in the earlier cases lest the puncture should be followed by any evil results. Such moments of anxiety soon ceased, however, to recur; for it very rarely happened that the patient did not express himself, the next day, as feeling much relieved, and in no case do I remember any bad consequences resulting from such punctures. The relief was frequently only temporary, in which case a second, a third, or a fourth puncture was made at intervals of eight or ten days. In some, however, one puncture sufficed to cure."

**Podophyllin.**—All who have been accustomed to prescribe podophyllin in pills will agree as to the impossibility of preventing occasional disastrous effects, but this is the fault of the form of administration, not of the drug. From a very long and extensive experience (Dr. Horace Dobell, in *British Med. Jour.*) I can confidently affirm that none of the accidents and inconveniences which so commonly attend the administration of podophyllin ever arise when the drug is prescribed according to my method. On the contrary, it is one of the most satisfactory and reliable of our medicines. The formula given is: R Podophylli, gr. ij; essentiae zingiberis, ℥ ij; spiritus vini recti q. s. ad. ℥ ij; fiant guttæ. A teaspoonful to be taken in a wineglassful of water every night at bed-time or every second, third, or fourth night, as required.

**The Blood in Pregnancy.**—In a work that has just been published, the *Chimie Pathologique* of M. Quinquand (page 239), it is stated as a fact that the hemoglobin of the blood always undergoes destruction during pregnancy, although the extent to which this deterioration proceeds varies with the accidental conditions that may be present. It would hence appear that so far from a state of hyperemia existing, as was formerly believed, the pregnant woman is almost always in one sense anemic. The increase in the number of the white corpuscles accounts for the larger proportion of fibrin long ago noticed by Andral and Gavarret; and as this fibrin is not very rapidly coagulable, the corpuscles have time to fall through the plasma, and a buffy coat is consequently not uncommon in blood drawn during the latter months of pregnancy; hence the idea at one time entertained that the blood at this period resembles inflammatory blood, whereas really a state of serous plethora exists. The increase in the number of the white corpuscles may with some reason be attributed to the enlarged glands belonging to the lymphatic system that are usually found in the pelvic and in the lumbar regions.—*Henry Power, M. D., in the Lancet of May 8.*

**A Cataractous Family.**—O. M. Giersing reports (*Ugeskrift for Læger and Nord. Med. Arkiv.*) the statistics of a peasant family in which cataract was hereditary to an extreme degree. Of twenty-six individuals in five descents there were only six who had not yet had cataract, and of these six two were still small children. The cataracts appeared under many different forms, and some were congenital. In six of the cases the cataracts were removed by operation, and in four of these good sight was obtained.—*Med. Record.*

**Nerve-grafting.**—Dr. J. Gluck, of Bucharest, recently brought before the ninth congress of the German Society of Surgery at Berlin some interesting results of experiments in nerve-grafting. He cut out a portion of the sciatic nerve of a fowl, and then removed a similar portion of the same nerve from the leg of a rabbit, and placed this in the leg of the fowl, uniting the two ends by sutures. The nerve united, and the paralysis caused, of course, by the excision of the piece of nerve was recovered from. He repeated the experiment and exhibited the successful results, showing the fowls with full restoration of power. He was led to these experiments by the result of a case of nerve-suture. Paralysis of the median had resulted from extensive destruction of the tissue of the arm by gangrene. Dr. Gluck cut down on the radial nerve and found that part of the nerve was destroyed. He united the two ends by sutures, and the man regained the power of motion, which he had entirely lost. Of course the experiments in nerve-grafting in animals do not warrant the expectation that a similar result could be obtained in the case of the human subject. It is well known that the union and regeneration of nerves occur with greater facility in the case of the lower animals than man.—*Lancet.*

**Iodide of Starch as an Antidote.**—In a memoir read before the Medical Society of Florence Dr. Bellini recommends iodide of starch as an antidote for poisons in general (*La Presse Méd. Belge*). This compound has no disagreeable taste and has not the irritant properties of iodine; hence the author concludes that it may be administered in large doses. It may be given without fear in all cases where the poison is unknown. It will be found very efficacious in poisoning by sulphuretted hydrogen gas, the alkalis and alkaline sulphides, ammonia, and especially by alkalies with which iodine forms insoluble compounds. In this respect it is preferable to iodated tincture of iodine. It aids in the elimination of salts of lead and mercury. In cases of acute poisoning an emetic should be given before the antidote is administered.—*Med. Press and Circular.*

**An Antidote to Carbolic Acid.**—Dr. Senfleben states that sulphuric acid is a good antidote to carbolic acid, entering into combination with it, and forming an innocuous compound. His formula is dilute sulphuric acid, 10 grams; mucilage of gum arabic, 200 grams; simple syrup, 30 grams. A tablespoonful of this mixture to be given every hour. Carbolic acid is unfortunately so often taken in error, even in spite of its powerful odor, that there will be abundant opportunities of testing the value of this recommendation.

**Acetate of Alumina as an Antiseptic.**—The expense and the want of durability of Lister's carbolic gauze have led to several attempts to replace the carbolic acid by other antiseptics. Of these, acetate of alumina, which was used as early as 1827 by Gannal for embalming corpses, and which has of late been introduced into surgery by Burow, von Bruns, Billroth, and Maas, of Freiburg, appears to deserve special attention. It has been largely tried in Prof. Maas's wards since June, 1879, and his assistant, Dr. O. Pinner, gives an account of its physical properties and of the method employed and results obtained in its surgical application at Freiburg in the *Berliner Klin. Woch.*—*Med. Times and Gaz.*